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APPLICANTS
Belimar Velazquez, Rochester, NY;
Jay S. Schildkraut, Rochester, NY;

**** CONTINUING DATA ******* *NONE* *88*

**** FOREIGN APPLICATIONS ******* *NONE* *88*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/21/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Sam R. [Signature]</i> Examiner's Signature Initials				

ADDRESS
Thomas H. Close,
Patent Legal Staff,
Eastman Kodak Company
343 State Street
Rochester, NY 14650-2201

TITLE
Face detection computer program product for redeye correction

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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